PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax

| INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification | orrespondence including below or directed other | or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a | ders and notification of m) specifying a new corresp | aintenance fees will be in condence address; and/or | (b) indicating a sepa | ould be completed where correspondence address as rate "FEE ADDRESS" for |
|---|---|---|--|---|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings Fee(s) Transmittal. This certificate cannot be used for any other accomp | | | | | | |
| 23446 7590 04/23/2007 Electronically filed on May 15, 2007 Certificate of Mailing or Transmission. Certificate of Mailing or Transmission | | | | | | |
| MCANDREWS HELD & MALLOY, LTD 500 WEST MADISON STREET SUITE 3400 I hereby certify that this Fee(s) Transmittal is being depose States Postal Service with sufficient postage for first class addressed to the Mail Stop ISSUE FEE address above, transmitted to the USPTO (571) 273-2885, on the date ind | | | | | | deposited with the United t class mail in an envelope above, or being facsimile ate indicated below. |
| CHICAGO, IL 60661 Joseph M. Butscher (Dep | | | | | | (Depositor's name) |
| | | | | MM | | (Signature) |
| | | | (1 | ay 15, 2007 | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. |
| 10/064,032 06/04/2002 | | Steinar Bjaerum | | 15-DS-00560 | | 9756 |
| TITLE OF INVENTION: ULTRASOUND COLOR CHARACTERISTIC MAPPING | | | | | | |
| | | | | | | |
| | | | | * | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 07/23/2007 |
| EXAMI | VER | ART UNIT | CLASS-SUBCLASS | | | |
| LAVIN, CHRISTOPHER L | | 2624 | 382-128000 | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 McAndrews, Held & Malloy, Ltd. 2 Peter J. Vogel 3 Michael A. Dellapenna | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| GE MEDICAL SYSTEMS GLOBAL WAUKESHA, WISCONSIN | | | | | | |
| TECHNOLOGY COMPANY, LLC Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government | | | | | | |
| 4a. The following fee(s) at X Issue Fee X Publication Fee (No Advance Order - # | small entity discount p | | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 070845 (enclose an extra copy of this form). | | | |
| 5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \] \[\begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \] | | | | | | |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | |
| Authorized Signature Date May 15 | | | | | | |
| Typed or printed name Joseph M. Butscher | | | Registration No. 48,326 | | | |
| This collection of informa an application. Confidenti submitting the completed this form and/or suggestio Box 1450, Alexandria, Vi Alexandria, Virginia 2231 | application form to the ons for reducing this burginia 22313-1450. DC | CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR | on is required to obtain or a 1.14. This collection is esty depending upon the individending the Complete Forms Tomore Torms Tomore Tomore Torms | etain a benefit by the pub imated to take 12 minute idual case. Any commen er, U.S. Patent and Trader D THIS ADDRESS. SEN | lic which is to file (and so to complete, including the son the amount of the son the total the control of the | d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.